

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/762,362
APPLICANT(S)

	CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/						
2	/	/						
3	2		2					
4	1		2					
5	1		2					
6	1		2					
7	1		2					
8	1		1					
9			1					
10			1					
11	1	1	1	1				
12	1	1	1	1				
13	1	1	2					
14	1	1	1	1				
15	1	1	1	1				
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50								
TOTAL IND.	5	1	5	1				
TOTAL DEP.	11	1	16	1				
TOTAL CLAIMS	16	1	21	1				

	CLAIMS							
	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								